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ABSTRACT

This report contains several articles on drug abuse worker credentialing, and provides an update on information about credentialing policies and reciprocity efforts of the states. The first article reports on a meeting of the credentialing/reciprocity task force comprised of representatives from 10 states which have exhibited leadership in the credentialing of substance abuse workers. A subsequent article describes the substance abuse counselor certification program in Tennessee. Other articles discuss the development of the Structured Assessment Package to define and assess counselor competencies in Pennsylvania, and an effort to negotiate for academic credit in Ohio. An overview of standards development for the professional drug abuse counselor is provided, including a summary of the basic requirements that various certifying boards use to evaluate counselors. A Career Development Center perspective on academic linkages is given which highlights existing alternative routes for obtaining academic credentials. The final article provides a retrospective look at the National Institute for Drug Programs, an endeavor which offered substance abuse workers a combination of on-the-job training activities and formal college credit needed for state licensing and certification. (NRB)

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DRUG PROGRAM REPORT

Credentialing

Jerome A. Contee, Ph.D.
Editor

August 1981

U.S. DEPARTMENT OF EDUCATION
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U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
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Alcohol, Drug Abuse, and Mental Health Administration

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3

PREFACE

In the recently printed issue of Drug Program Report, we presented an article entitled, Credentialing Coast to Coast: A DPR Update. The article discussed the first comprehensive survey of drug abuse worker credentialing that was undertaken in 1979 under the auspices of the National Drug Abuse Center for Training and Resource Development. The survey entitled, "Drug Counselor Credentialing Systems: Status and Characteristics" was conducted by Ms. Joy M. Camp, then a Resident Fellow at the Center.

Drug Program Report is committed to providing an update on credentialing. This update is important because:

1. the Federal government, through the National Institute on Drug Abuse, has identified credentialing/reciprocity for substance abuse workers as an important priority;

2. the States are at varying stages of development in their respective credentialing systems and, in addition, the credentialing systems differ in design and application;

3. the movement to credential drug abuse practitioners is based within the States and no universal standards exist.

Indeed, within the respective States, a multitude of vested interest groups have a stake in the credentialing process; these groups include professional organizations, third party payers and State legislatures, among others. In those States that have designed and developed a credentialing system for drug abuse workers, many of these interest groups have played a role in implementing the system. They represent a cumulative reservoir of knowledge and resources that could prove to be of immeasureable value to those States that are still developing and improving their credentialing systems.

This issue of Drug Program Report contains several articles on credentialing and is dedicated to those individuals and organizations who have worked unceasingly to enhance credentialing/reciprocity efforts within the States. The articles are an outcome of DPR's commitment to continually share knowledge and resources around issues that are of vital interest to the field. We ask your cooperation with this task. Please share any updated news on your State's credentialing system with us so that we may disseminate this information to the field.

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TABLE OF CONTENTS

PREFACE iii

EDITORIAL ADVISORY BOARD iv

FROM THE EDITOR - CREDENTIALING/RECIPROCITY TASK FORCE: A CDC STATUS REPORT 1

TENNESSEE'S SUBSTANCE ABUSE COUNSELOR CERTIFICATION PROGRAM: A CONSOLIDATED EFFORT THAT WORKS!! 5

DEVELOPING THE STRUCTURED ASSESSMENT PACKAGE - A STATE'S EFFORT TOWARD DEFINING AND ASSESSING COUNSELOR COMPETENCIES 8

STANDARDS DEVELOPMENT AND CREDENTIALING 11

ACADEMIC LINKAGE: A CDC PERSPECTIVE 14

NEGOTIATING FOR ACADEMIC CREDIT IN OHIO 16

THE NIDP IN RETROSPECT 19

NTS NEWS 24

FROM THE EDITOR

CREDENTIALING/RECIPROCITY TASK FORCE: A CDC STATUS REPORT

The National Institute on Drug Abuse has identified credentialing/reciprocity for substance abuse workers as one of its working priorities in its current budget and its budget for fiscal year 1982. With the identification of this priority and the growth of the concept of professionalizing the drug abuse field, there is a need to explore options to achieve both an expansion and integration of the credentialing/reciprocity efforts being made by the individual States.

Towards this end, NIDA has proposed the establishment of reciprocity task forces to cooperatively work with States in identifying issues and establishing priorities for action strategies. These strategies would deal with the specific need for competency based credentialing efforts and the establishment of reciprocity arrangements among State certification programs.

The major difficulty in carrying out this effort was the lack of available funding. However, the STSP grants have been modified to support State travel and participation in task force activities designed to deal with credentialing and reciprocity issues.

Since NIDA has maintained the position that actual credentialing or certification efforts are the responsibility of the States, ten reciprocity lead States have been identified and selected for participation as members of the Credentialing/ Reciprocity Task Force. The ten States are:

1. Indiana
2. Kansas
3. Minnesota
4. Nebraska
5. New Jersey
6. Pennsylvania
7. Nevada
8. South Carolina
9. Utah
10. Wisconsin

These State's were chosen because they have exhibited leadership in the credentialing of substance abuse workers. In addition, they have attempted to develop regional level efforts to accelerate reciprocity activities.

The first Credentialing/Reciprocity Task Force Meeting occurred in Chevy Chase, Maryland, February 4-6, 1981. The participants were greeted by Dr. Lonnie E. Mitchell who reported that the Manpower and Training Branch has been reorganized and is now entitled the Division of Training. He also alerted the group to the fact that encouraging reciprocity efforts among the States is a continuing priority within the proposed budget for Fiscal Year 1982.

Each of the lead State representatives provided the group with an update concerning the current credentialing efforts within their States. A further update on credentialing efforts nationwide was provided by Cynthia Kunz of the Career Development Center. She reported on an article that she has written detailing the current status of credentialing across the country and changes that have occurred over the past years. Copies of this article were provided to the Task Force. The article was published in the Drug Program Report.

Mr. George H. Ziener, Education Administrator with the Training Division, National Institute on Drug Abuse, presented the NIDA credentialing model to the Task Force. The following are some highlighted aspects of this model. When viewing the model, one should always keep in mind NIDA's overall objective which is to continue its efforts to resolve problems impeding the development of drug abuse counselor credentialing programs and encourage more States to implement credentialing and reciprocity agreements.

The rationale for the NIDA Credentialing Model is based on the following underlying assumptions:

a. the highest quality of care must be provided to persons receiving drug abuse services;
b. the persons competent to deliver quality care must be recognized.

In approaching these two assumptions, the Institute recognized that States under P.L. 95-255 have been given the primary responsibility for the planning, coordination and delivery of drug services within

their boundaries. The Health Manpower Credentialing Report (HEW Publication) and other departmental policy papers stress the need to decrease Federal operation of licensing and certification of Allied Health Professions. Both P.L. 92-255 and the HEW policy papers clearly picture the Federal role as one of facilitation, resource support and assistance rather than direct control and operation of Credentialing programs.

The NIDA model based on the rationale presented above defines Credentialing as the "systematic process of human resource development". Elements of this systematic process may include, but are not limited to, licensing and certification. If a State has an operating credentialing program, certificates and licenses represent formal pieces of paper recognizing the successful development of an individual. Merely issuing pieces of paper based on paper and pencil exams, work experience or formal education is not considered a credentialing program. Implicit is the creation of a review and appeals body, recertification procedures, staff development and continuing education requirements and acceptable standards for interstate reciprocity.

Each of the elements described below is part of the credentialing process. The specific development and operation of the elements will vary with individual credentialing programs but a complete credentialing (i.e., a systematic process of human resource development) effort will contain all of the elements of the NIDA model. The model's first part is its structure which is composed of the following elements:

a. Functions: This element involves the determination and listing of functions performed by Drug Abuse workers within a State. These functions are derived by utilizing the results of NIDA financed studies such as the URC Credentialing Contract (1978) along with internal State task forces and study groups.

   Essential to this element is the understanding that no one individual can, does or should be able to perform all of the functions identified. However, the State in issuing or recognizing a license or certificate can and should specify "critical functions" which all workers should be able to demonstrate.

   Functional statements should be as specific as possible and related to "quality care".

b. Documentation Demonstrations: This element involves specification of how it can be determined that a person has the competencies related to the function. Traditionally, this process involves paper and pencil tests or other assessment procedures. The Institute model stresses documentation and assessment of competencies. Focus is on the development of a professional portfolio which includes documentation of competence and assessment of that documentation.

   Essential to this element is the fact that an individual can be competent at a number of levels. A four level taxonomy or hierarchy has been developed that allows individuals to document a given competency at whatever level they are at. In addition, it recognizes that application of skills is a higher level than merely knowledge of a given functional area.

   Individuals at both entry and advanced levels can document where they are at and continue their individual professional development through increasing the level of acquired competencies or adding new competency documentation to their portfolios.

c. Acquisition: This element identifies and lists the resources that can be used to acquire the skills needed for a given function. These resources include formal education, training, work experiences and life experiences that can lead to the development of specific skills.

   Essential to this element is the identification of a number of alternate paths by which an individual acquires specific competencies. At least two paths should be specified, experiential and formal.

Each of the three elements, Function, Documentation and Acquisition is a part of each path. The process that results is designed by each individual utilizing all of

these elements in their professional development.

The model's second part is its operation.

The operation of this model is based upon procedures that recognize workers where they are and provide both the direction, resources and support necessary for their continuing professional development.

If during that development, the State or a professional association wishes to recognize a level of development by issuing a certificate of recognition, the emphasis should be on continuation of the growth process.

In operation, the credentialing process is dynamic, being growth oriented rather than static.

The presentation of the NIDA model proved to be excellent background data for the Task Force and it was decided that the model should be presented at the series of Regional Credentialing/Reciprocity Task Force Meetings that were being planned. The task force also made plans to meet during the Staff Development and Training Workshop, April 6-11, 1981, in San Antonio, Texas.

The participants at the first Credentialing/Reciprocity Task Force Meeting were:

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The National Institute on Drug Abuse was represented by:

Dr. Lonnie E. Mitchell
Mr. Sol Silverman
Mr. George Ziener
Ms. Jan Brecht

The Career Development Center was represented by:

Dr. Jerome A. Contee
Mr. Walter Varner

TENNESSEE'S SUBSTANCE ABUSE COUNSELOR CERTIFICATION PROGRAM: A CONSOLIDATED EFFORT THAT WORKS!!

By Barbara Lynn Eisenstadt

In September of 1975, the Commissioner of the Tennessee Department of Mental Health and Mental Retardation, through the Division of Alcohol and Drug Abuse, responded to concerns from counselors in the field and called together a task force to study the possibility of establishing a credentialing process for Alcohol and/or Drug Counselors. This task force was composed of twenty-two members from all parts of the State and represented counselors, clients, program administrators and other concerned individuals.

At the first meeting of the group, the task seemed overwhelming because many preliminary questions needed to be answered. For example: Did the group want to focus upon Alcohol Counselors or Drug Counselors? Was it possible to design a process that would not exclude people who were excellent counselors but who had an insufficient educational attainment level? How do you assess the competency of individuals who have good educational backgrounds but who have been ineffective as counselors? What constitutes an equitable "grandfathering" procedure?

The task force decided that the most important questions would be answered if they attained two paramount goals. First, the credentialing process should be inclusive not exclusive. Second, a minimally acceptable level of knowledge and skills should be established. In order to achieve these goals the group was divided into sub-committees to consider three specific areas:

1) what type of credentialing should be implemented?
2) what should the standards be (what really makes a good professional Alcohol and Drug Counselor)?
3) how should the counselors and the credentialing program be evaluated?

The subcommittees met for eight months and on May 1, 1976, they presented, to the State, the final drafts of the proposals in each of the areas. With slight modifications, the draft proposals were accepted. Voluntary certification, not licensure, was chosen as the credentialing mode. Certification would be a deomstration to the public that the certified individual met minimum State qualifications. Since the process was voluntary, counselors who chose not to certified, could still practice. It is hoped that eventually the desire for professionalization will prompt them to voluntarily seek certification.

It was deemed important that certified counselors have a basic knowledge of alcohol and drug abuse, therefore, the State created the category of substance abuse counselor. The basic criteria for a person seeking certification as a substance abuse counselor in the State of Tennessee was outlined in the State manual entitled, "Certification Procedure for Substance Abuse Counselors." The following basic criteria for a person seeking certification are among items outlined in the manual. Applicants must have:

1) a high school diploma or equivalency (G.E.D.);
2) at least one year of full-time paid experience as a counselor in the substance abuse field;
3) a Supervisory Evaluation Form completed by their supervisor, documenting their one year of substance counseling;
4) no history of mood-altering chemical dependency for at least one year prior to their application for certification;
5) no unresolved felony charges; and
6) a written philosophy of treatment.

The criteria that caused the most difficulty was that of "at least one year of full-time paid experience as a counselor in the substance abuse field". Many inquiries were made as to why the committee was insisting that the counseling experience be in the substance abuse field.....after all, wasn't all counseling basically the same? If a person was a good marriage counselor, did that not mean that they would also be a good substance abuse counselor? The answer was a resounding - NO! Although substance counseling is usually based upon accepted counseling techniques, the nature of substance abuse clients, particularly their high levels of manipulation and recidivism, needed to be viewed as a

very special factor. According to the committee, for a person to be certified as a Substance Abuse Counselor, he had to know experientally what working with substance abuse clients was like. Thus, the criteria stayed.

The basic area of knowledge and skills were outlined and recommended by the Task Force Sub-Committee on Standards.

The knowledge area included:

Physiology
Pharmacology
Prevailing treatment modalities
Socio-cultural influences
Relevant State and Federal laws, rules and regulations
Techniques of basic counseling
Treatment planning and evaluation

The skills area included:

Problem recognition and evaluation
Interviewing techniques
Group and individual counseling techniques
Referral
Record-keeping
Professional intra-agency communication
Communication with under-served populations
Working with families and/or significant others

A written exam was devised to test these knowledge and skills areas.

There were also counselor attributes and ethics (such as empathy, respect, comfort with confrontation, knowing when it is in the clients best interest to refer him to another counselor, etc.) that were considered to be of major importance; but, these qualities could not be tested with a written exam. To evaluate applicants on these attributes and ethics, and to gain additional information on their philosophy of treatment and understanding of confidentiality regulations, an oral exam format was designed. Oral exam teams, composed of three currently practicing Substance Abuse Counselors, would administer an exam to each applicant, gearing the specifics of the exam to the treatment setting in which the applicant worked. A counselor working in a alcohol treatment facility with an A.A. philosophy, would not be questioned on the problems inherent to a methadone clinic. The written exam would cover the general knowledge/data base that all substance abuse counselors should have, while the oral exam would cover the individualized situation of each counselor. The Certification Procedure would thus consist of an application phase, followed by a written and oral exam.

A "grandfather clause" was put into effect for the first two years of the program. This enabled practicing counselors to qualify for Certification for one year without taking the written and oral exams; but individuals who were "grandfathered in" were required to take and pass both exams before they could be re-certified. This was done to make certain that the procedure was equally fair to both new and old counselors.

All certificates expire at the end of one year, and can be renewed by documentation of forty clock hours of continuing education and/or training related to the substance abuse field, obtained during the concurrent year of certification. This requirement was made in recognition of the constantly changing nature of the field and to insure that certified substance abuse counselors would stay current with the latest developments.

To oversee this process, a nine (9) member Certification Committee was created, consisting of three (3) currently practicing substance abuse counselors from each of the three (3) regions of Tennessee. These members were chosen by representative counselors from each of their respective regions and were given staggered three (3) year terms so that each year, one member from each region would rotate off of the Committee and be replaced. The purpose of the Certification Committee is, in effect, to run the certification program, under the auspices of the Division of Alcohol and Drug Abuse Services of the Tennessee Department of Mental Health and Mental Retardation.

Evaluating all application and exam results, choosing oral exam teams, setting up the dates and sites for the exams, serving as a Hearing Committee when necessary and recommending changes in the certification procedure....all fall under the jurisdiction of the Certification Committee. Most importantly, all the members of the committee are readily available to all substance abuse counselors within their regions, to personally represent these counselors to the committee.

The administrative tasks and coordinating functions of the committee and of the

certification process are handled by the Certification Coordinator, who has been a member or the staff of the Alcohol and Drug Abuse Division of the State Department of Mental Health and Mental Retardation. In this capacity, the Certification Coordinator played a focal role in the design and implementation of the certification program, which included acting as an intermediary between the State and the counselors. The State Training System, another department of the Alcohol and Drug Division, has also been an important part of the process by providing on-going education and training activities which are available at no cost to counselors throughout the State.

By providing this continuous, on-going support of the Certification Program, the State of Tennessee has proven its commitment to provide the very best possible care for Alcohol and Drug clients. In addition, it has been responsive to the needs and problems of the counselors in the Alcohol and Drug field by encouraging Substance Abuse Counselors to "professionalize" their ranks via the Certification Program. Through their involvement in all aspects of the program, the Substance Abuse Counselors in Tennessee have demonstrated that a Certification Program can bring a high level of competency to the Alcohol and Drug Counseling field at a minimal cost.

This alliance between the grassroots Substance Abuse Counselors and the Alcohol and Drug Abuse Division of the State Department of Mental Health and Mental Retardation is an excellent example of what can occur when two groups work together for a common goal. Each is respectful of the expertise that the other provides, yet each is aware of their own limitations and willing to encourage and support the other. Neither one is seeking glory or self-aggrandizement and both are committed to making the program work to improve the quality of this very new and still growing field.

For additional information, please contact the Certification Coordinator, Alcohol and Drug Abuse Division, Tennessee Department of Mental Health and Mental Retardation, 501 Union Building, Nashville, Tennessee 37219.

DEVELOPING THE STRUCTURED ASSESSMENT PACKAGE
A STATE'S EFFORT TOWARD DEFINING AND ASSESSING COUNSELOR COMPETENCIES

By Francis J. Smith, Ph.D.

During the past few years, the Governor's Council on Drug and Alcohol Abuse (GCDAA) in Pennsylvania has supported the development of a competency based counselor training and assessment system. The original initiative for the effort was the presence of the Skills Matrix Project within the State. This NIDA sponsored project was to develop a procedure for the identification and refinement of skills needed by drug counselors to function in that capacity. It was anticipated that this procedure would be used by States for developing a credentialing procedure. The materials and some former personnel of the Skills Matrix Project were accessible to the GCDAA as they developed the assessment package.

Through a contract with GKSW, a private non-profit corporation, the GCDAA Division of Training and Prevention began the development of a competency based training and assessment model. The first step was to involve the field in defining and refining the basic building blocks of the system - the core skill areas and critical job functions. Using groups of counselors identified as knowledgeable and skilled in the field, a list of core skill areas was constructed.

There were twelve identified areas and they were:

Referral
Crisis Intervention
Treatment Planning
Intake
Follow-up
Individual Counseling
Group Counseling
Record Keeping
Diagnosis/Evaluation and Assessment
Knowledge of Drugs and Alcohol
Communication Skills
Relating to Public and Other Agencies

These were generic categorization which were felt to be of importance in delivering drug and alcohol services in Pennsylvania. The next task was to identify essential job functions that counselors were expected to effectively perform in delivering quality service.

To accomplish this step, a workshop was convened with substance abuse workers in which the identified counselor job functions of the Skills Matrix Project were used as a basis for soliciting critical job functions for the substance field in Pennsylvania. The participants were not limited to using this data, and were encouraged to identify additional relevant functions. The result was a list of critical job functions distributed across the twelve core skill areas. Next, the functions had to be verified as relevant to substance abuse counseling by a large sample of counselors from across the State.

In order to insure that the core skill areas and critical functions developed in the workshops were consistent with the needed competencies of substance abuse counselors in general, a sample of workers across the State was asked to review the identified critical functions for their importance and relevance to the work of a counselor. They read all critical functions within each core skill area and eliminated any functions not judged relevant, and changed any functions not perceived as sufficiently descriptive.

A working committee then reviewed all comments, and either suggested incorporating or disregarding items. The recommendations considered relevant by the reviewers were incorporated into the existing critical functions. The result was a total of one hundred fourteen initial job functions unevenly distributed across the twelve core skill areas. The lowest number in an area was four, the highest was twelve. The refined and validated list of functions within areas encompassed the entire set of competencies needed by substance abuse counselors in Pennsylvania. From this list, the job functions and skill areas which would constitute minimal competency were to be identified and became the next step in the project.

Through a number of workshops and mailings, the set of one hundred fourteen functions was reduced to a list of thirty-seven which were considered the most critical and frequently completed functions by substance abuse workers. The "most

critical" functions were then regrouped into five core skill areas which were reentitled Generic Task Areas (GTA). The five GTA's are: Screening and Referral, Crisis Intervention, Diagnosis and Evaluation, Treatment Planning and Counseling. Each area contains a subset of the thirty-seven critical functions that comprises minimum competency in that area. Some functions are repeated in more than one of the GTAs. For instance, the initial function "determining the adequacy of client's own resources, including his/her social/support system to handle the problem", occurs in three GTAs; namely, Screening and Referral, Treatment Planning and Counseling. This function, as is true with others, has a unique nature when it occurs within each of the GTAs for which it was deemed critical.

After the foundation was created as described above, it served a dual purpose. It functioned as a basis for the development of a training system, and as a core for the formulation of a counselor assessment procedure. The former was constructed for use throughout the training system, and is composed of ten packages which cover all GTAs and critical functions. The packages are delivered through the State's regionalized training system to counselors wishing to gain the required basic counselor skills in any or all of the Generic Task Areas. However, attending a training event does not necessarily result in a counselor becoming more skillful in his/her work. Therefore, a procedure is needed to ascertain independently whether a counselor is competent or not. Further, a counselor also needs to know prior to attending training whether or not this workshop, conference, course, etc., will further his/her skills. To accomplish both these tasks, some assessment is required of the present level of counselor competency.

The Structured Assessment Package (SAP) has been developed for assessing to what extent counselors possess the needed competencies (as expressed in the Generic Task Areas and Critical Functions) to deliver quality service. In this regard, it can function as both a career planning tool for counselors and an assessment procedure of current counselor competency. The SAP is adaptable as a meaningful process for all levels of the drug and alcohol delivery, from the individual counselor through the program levels (supervisory and administrative) to State wide systems including training and credentialing.

The SAP is divided into three booklets with the first describing the background of the SAP and delineating in step by step instructions, the stages one needs to complete in constructing a package. Each step of the instructions is written in bold type followed by the steps that the rater follows. A rater is someone familiar with the counselor's work, primarily through direct observation such as a clinical supervisor or someone serving in a similar capacity. The remainder of Booklet One includes two sets of forms the counselor will need to complete - Preliminary Task Completion Checklists which serve as a guide in completing the package, and Assessment Scoring Charts. The latter are comprised of two parts - the first of which describes the who, what, where, when and how of the procedure that is used in assessing the counselor's competency in the critical functions.

The second part is the Mandatory Rating Scale which is to be completed for each observed critical function in the procedure described in part one. This becomes the documentation a counselor has of his/her basic competency. To this the counselor adds up to four additional pieces of information which support the Mandatory Rating Scale results. These can be peer letters, course description and transcripts and other meaningful verification of his/her skill level. For each of these "pieces" the counselor will need to submit part one of the Assessment Scoring Chart, the who, what, where, when and now. This will help if and when verification of the submitted information is needed.

Booklet Two of the package is a list of the critical functions, followed by a listing of the critical functions by Generic Task Area. It was anticipated that a listing of the critical functions might not sufficiently describe what is expected of a counselor. The skills Matrix Project had realized this possibility and set about to remedy the situation. They developed a procedure known as the Task Descriptor Approach which was used in developing Units of Work of descriptions of the specific work a counselor completes within a skill area. The SAP also uses this approach to develop descriptions similar to the Units of Work. These are called Performance Examples and serve as guidelines for raters and counselors when they want to understand how the critical functions fit into a flow of work performed by a counselor.

The remainder of Booklet Two is the Performance Examples for each Generic Task Area. The critical functions for that area are mapped onto the initial functions and describes in more detail what is expected to be performed in this segment of work.

Booklet Three provides a further description of the various methods and ratings that can be used in constructing a SAP. The Methods Section includes descriptions of simulation, direct observation procedures and case record reviews among others. The ratings section describes the four basic types of ratings which can be submitted in addition to the Mandatory Rating Scale already described. THe four are: letters, other rating scales, course grades and certificates of completion. Each counselor uses his/her discretion in constructing a SAP as to what ratings and methods are employed. However, in completing the Mandatory Rating Scale, some direct observation procedure is a must. That is, no training experience, college courses, etc., will be permitted as a method for completing the Mandatory Rating Scale. In this way, it is assured that some direct observation of a counselor's skill level is done in the assessment procedure. It is also strongly suggested that more than one method be employed in rating a counselor in the critical functions. For instance, the critical functions in the GTA of Treatment Planning should be rated using a direct observation technique, such as a simulated interview, followed by an examination of the written case record material, followed by a structured interview with the counselor to explore the specific content observed in the interview. The result is a well rounded account of the counselor's true competency level.

At present the SAP is being field tested in Pennsylvania. Counselors and supervisors are being asked to participate in the process and share their impressions. This will help in developing a usable version of the SAP, and a structural process which will result in a meaningful assessment of counselors' competencies. The field test is to be completed by June, 1981, and a report on the outcome developed by GKSW shortly thereafter.

A similar process is also currently under development for Clinical Supervisors. The Super "SAP" expected completion date is also June, 1981. All inquiries concerning Structured Assessment Packages should be directed to:

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The following article is based on a presentation made by Joanne E. Potts at the National Training Workshop held in Washington, D.C. on April 6-9, 1980. The article presents an excellent overview of standards development for the professional drug abuse counselor including a summary of the basic requirements that certifying bodies use to evaluate counselors. Ms. Potts is currently Executive Director, Wisconsin Alcoholism and Drug Counselor Certification Board, Inc.

STANDARDS DEVELOPMENT AND CREDENTIALING

By Joanne E. Potts

The basic function of any standards development for the drug abuse field is to assure that the drug abuser (client) receives the competent professional services necessary to return to healthy living.

A major function of the NTS is to provide technical assistance which will encourage, assist and enable the development of standards for the credentialing of drug abuse counselors within each State, promote and assist in the development of reciprocity agreements and thereby develop the "national standards" for the "new profession" of drug abuse counseling. This technical assistance focuses on organizational development (State certifying bodies), evaluation methodologies, and facilitation of reciprocity agreements.

It is essential to point out that standards development for the professional drug abuse counselor cannot be developed, improved or maintained in a vacuum. The developers of standards for counselors must work closely with the providers of training whether the training program be academically based or other short term courses, seminars, etc. Several areas of overlap in which both the developers and providers will be interested are identification of training needs, provision and availability of training and the quality of training.

This relationship exists because preservice training, inservice training and continuing education are crucial elements of counselor standards. Another area in which there is overlap and a close relationship is in program standards. Many items within the JCAH Consolidated Program Standards, as an example, are included as functions or responsibilities of the competent professional drug abuse counselor.

As a result of these relationships and particularly with the program standards, an essential portion of the technical assistance function of NTS within standards development is to provide liaison and assistance in obtaining full recognition of the professional drug abuse counselor by third party payers and other health professionals.

State-of-the-Art

The best overview of the current state-of-the-art is Drug Counselor Credentialing Systems: Status and Characteristics by Joy M. Camp, completed in May, 1979, under the auspices of the National Drug Abuse Center for Training and Resource Development. Although some changes have occurred in the status of development, the description of the types of credentialing systems and requirements are still fairly accurate.

Certifying bodies in various States have chosen to evaluate their counselors in a variety of ways. Essentially the basic requirements include experience, education and training, a method of evaluation of the counselor's knowledge and skills and a variety of other items such as specific hours in personal growth experiences, a statement of the counselor's personal philosophy of counseling, practicum, supervisor's evaluation, references, etc.

The application materials and procedures range from simple to exceedingly complicated. The process may have from one to four steps. Basically, the certification applications and procedures include one or more of the following activities:

1) Experience - the certifying body may require a simple statement from the employer that the applicant is presently employed and/or a listing of all jobs with a breakdown which includes the proportion of time spent in individual, group and/or family counseling.
2) Education and Training - the certifying body may require a simple list of courses taken and/or submission of certificates/transcripts to a comprehensive breakdown with the counselor's self-examination indicating what he/she learned in each course.
3) Written Examination - these vary from one to four hours in length and not all States require a written exam. They appear to vary in degree of difficulty.
4) Oral Examinations - these vary from role playing and/or submission of actual and/or audiovisual tape to a loosely structured personal interview or none.
5) Supervisor Evaluation/References - these vary from an informal letter to a structured evaluation sheet listing required skills.

In summary, the methods utilized by the various States cover a continuum from certification based simply on a written examination. The credentialing of counselors has proceeded from infancy to adolescence in some States, but none has reached adulthood. Much still needs to be done.

It should be noted that reciprocity between States has begun in the Midwest. As of the end of January, 1980, the certifying bodies of Indiana, Michigan and Wisconsin have a signed reciprocity agreement for drug abuse counselors. This was accomplished with the assistance of an outside facilitator. After identifying each State's requirements for certification, the variances between them were noted, the pros and cons discussed and negotiated. The result is a set of identified requirements which are mutually agreed upon and are the basis for the reciprocity agreement. Each State has maintained some of its individuality in its standards for initial certification. However, the certified counselor moving from one of these States to the other must only meet the new State's recertification criteria. These three States are now working toward a uniform counselor evaluation process.

Problem Areas

Problems associated with the development and implementation of standards and the development of reciprocity agreements can basically be divided into several categories.

There is often little communication between the working counselor and the single State agency, and as a result even less on a regional and national level. This divorces the working counselor from any standards which are developed from the top down. For the working counselor to accept any type of standards, he/she must feel ownership.

This lack of communication often results in one group, whether it be the single State agency or the counselor's group, forging ahead with the development of standards without consulting the other. Often representation on the developing group is not broad enough to get the total support of all concerned parties. The result can be an ineffective splinter group without appropriate recognition. Please note, the selection of the members of the task force or standard development group and ultimately the credentialing board is crucial.

When lack of communication is mentioned, it conjures up many images and cliches. Among those that come to mind when discussing standards development are: "the right hand doesn't know what the left hand is doing" and "reinventing the wheel." This, in particular, applies to the individual States. Presently, there is no readily identifiable organization nor mechanism, nor one person that a group of people can go to and say give me a sample or provide us with the leadership or facilitation to begin our task. There is no cook book!

Communication is also key to the development of reciprocity agreements. Credentialing bodies which are totally voluntary do not have the manpower or funds to set up the network of communication and meetings necessary to develop reciprocity agreements. Facilitation and assistance are essential.

The lack of manpower, the use of volunteers and insufficient funds often prevent credentialing bodies from exploring

and developing better methods of evaluating the competency of counselors. Most credentialing bodies are not satisfied with their present system of evaluation, but it is the best that can be accomplished with limited resources. When establishing a credentialing body, some small amounts of money for meeting evaluation expenses are essential.

The reference to resources, however, does bring up a very pertinent problem area with regard to money, and it relates to third party payment mechanisms. The problem is larger than drug abuse workers having the knowledge concerning these mechanisms, but the willingness of third party payers to reimburse for the services of counselors. Some Blue Cross/Blue Shield plans are beginning to look at the credentials of counselors, but even more significant is the fact that employers are concerned about the skills and credentials of persons who are treating their employees.

With the imminent danger of cutbacks in governmental funding of drug abuse programs and the resulting limits placed on service, it behooves us to move expeditiously toward the ultimate goal of credentialing mechanisms established in each state and the development of many more reciprocity agreements.

ACADEMIC LINKAGE: A CDC PERSPECTIVE

By Jerome A. Contee, Ph.D.

Enhancing the career mobility opportunities of drug abuse workers by developing formalized professional development strategies has been and continues to be a major CDC goal. The most focal and long term professional development strategy has been CDC's collaborative work with States and institutions of higher education to ensure the incorporation of drug abuse training, particularly NTS training packages, into college curricula.

Specifically, the National Training System, in conjunction with the Career Development Center, State agencies and other NTS components, has successfully encouraged institutions of higher education to grant academic credit to substance abuse workers for non-university based learning and completion of NTS courses. In some instances, these academic credits have been core requirements for degree programs. Negotiating these types of agreements with colleges and universities is the essence of academic linkage.

When negotiating academic linkages, there are several important considerations that must be kept in mind. For example:

1. What are the specific characteristics and training needs of the drug abuse workforce for whom credit is being negotiated?
2. What are the manpower development needs of the drug abuse treatment service system within which trained workers deliver service?
3. What resources do the educational institutions bring to the process?
4. What state credentialing requirements should be taken into account during the negotiations?

As these questions are answered, it becomes obvious that academic linkage negotiators must be constantly aware of State specific criteria. For example, credentialing systems have been developed and implemented on a State by State basis. Likewise, State systems of higher education have differing requirements and criteria that must be considered when negotiating credits.

If there is to be a systematic examination of academic linkage models, then viewing these models from a State perspective is probably the most fruitful approach. The following are examples of academic linkage models that have proven to be responsive to State specific needs:

I. State sponsorship of NTS courses with credit granted through a cooperating institution at the discretion of the participants.

This appears to be the most prevalent academic linkage model. In most cases, NTS course participants are informed during their training that credit may be received through one or more academic institutions in the vicinity. The participant then applies for credit directly with the cooperating institution, and the course sponsor and instructor provide necessary documentation of attendance and performance. This model offers the advantage of leaving credit issues up to the individual participant in training and minimizes costs of credit delivery to the State.

In New York, for example, where nearly 20,000 persons are trained annually in NTS and other courses, the Bureau of Training and Resource Development has negotiated credit agreements with the Rochester Institute of Technology (Rochester) and with St. Joseph's College (Brooklyn) who then respond to participant applications for credit. The Bureau has also requested review of NTS and other State courses by the New York State Department of Education, Office on Non-Collegiate Sponsored Instruction. This office has recommended credit, on much the same basis as ACE, and publishes an annual directory of approved courses and the credit policies of all colleges and universities in the State.

II. State sponsorship of an NTS course series with credit granted through a cooperating institution.

This model often takes the shape of a summer school or professional conference for drug abuse practitioners in which several NTS courses are offered simultaneously at a single site. Participants usually pay for and receive credit or continuing education units as a part of their registration.

This system offers the advantage of simplicity in the blanket offering of credit, as well as providing the expectation on the part of practitioners that the training they receive will be seriously undertaken and recognized. In Maryland, for example, only one of several summer schools throughout the country, the Office of Education and Training for Addiction Services has negotiated such an agreement with Washington College in Chestertown. Using the college facilities during the summer months provides an additional advantage in that residential facilities for training can be obtained at a reasonable cost.

III. State sponsorship of NTS courses by university/college approved instructors.

Under this model, the cooperating institution provides instructors or standards for instructors for whose course deliveries credit will be granted. This system offers the advantage of a strong university sponsorship and support for the instructor and hopefully serves to provide quality control as well.

In Iowa, for example, the University of Iowa is currently in the process of recognizing NTS courses delivered by the State training coordinator and granting credits to participants. The method used for this recognition is the University's designation of the coordinator as an Adjunct Professor.

IV. University inclusion of NTS courses within traditional courses of study.

Under this model, the university essentially adopts the NTS course, delivering the material under its own auspices and granting credit through its own channels to enrolled students. The advantage of this system is in its full utilization of the university's resources to deliver NTS courses. Additional advantages accrue, too, if the institution adopting the course has affiliates or campuses throughout the State. Under these conditions, NTS courses become available to a larger number of drug abuse workers.

In South Dakota, for example, under an unusual arrangement, the University of South Dakota contracted with the State to provide an educator to design their drug abuse counselor training program and to deliver NTS courses, with some modifications under university auspices for enrolled students.

V. University use of State-sponsored NTS course deliveries to fulfill requirements to non-traditional degree programs.

Under this model, the university recognizes the learning undertaken in State-sponsored deliveries of NTS courses and allows credit for participation as part of a degree-track program. In Illinois, for example, Governors State University has a non-traditional Bachelor of Arts Degree Program that is designed to meet the needs of working adults. Program guidelines are liberal in regards to accepting transfer credit. Additionally, credit is awarded on the basis of an evaluation of work experiences.

VI. Negotiating academic credit for NTS courses based on the credit recommendations of the American Council on Education.

Under this model, individuals enrolled in college and university programs may negotiate for academic credit based on their participation in NTS courses that have received credit recommendations from the American Council on Education. Actual credits granted will depend on an institution's degree requirements and general policy on granting credit for college-level learning achieved outside the institution.

Clearly, there are numerous models of academic linkages throughout the nation that are excellent examples of educational advocacy activities on behalf of drug abuse workers. The Career Development Center plans to continue to highlight the existing variety of alternative routes for obtaining academic credentials. Equally important, the Center will continue to encourage the establishment of innovative academic linkages that meet the varied Career Development needs of drug abuse workers.

NEGOTIATING FOR ACADEMIC CREDIT IN OHIO

By James Akenhead

The task of fostering a school environment which contributes to lowering the incidence of drug abuse, alcohol abuse and the disruptive behavior associated with substance abuse has become increasingly focal for the school administrator. Most importantly, an effective school environment is created and fostered by skilled and trained staff. The Ohio experience demonstrates that a close working relationship between the school district, the State mental health agency, the drug and alcohol unit and an institution of higher education is necessary for the development of good practical staff training programs in the field of substance abuse.

The Marlington Local School District in Ohio has had great success using National Drug Abuse Center training packages with school staff, parents and community representatives. Some packages have been taught by a top level school district administrator who is a certified instructor/trainer within the National Training System and other packages have been implemented by certified trainers from local substance abuse agencies, such as the Stark County Council on Drug Abuse in Canton, Ohio.

The NTS program materials and syllabi proved to be the basis for valid and practical training experiences for all participants; however, for school personnel training is a professional development issue as well as a skills development issue. Offering graduate or undergraduate college credit is an important and necessary component when training school professionals because academic credit is necessary for such things as:

1. advancement on the school salary schedule;
2. renewal or upgrading of current certification or licensure; and
3. completion of academic degrees.

For the professional staff the issue then became, how can a school system deliver a training program that both enhances skills and fosters professional development? The district began by piloting an academic linkage with the University of Detroit Graduate School Branch which resides at Wheeling College, Wheeling, West Virginia.

Representatives of the school district met with the Director of Continuing Education and expressed a desire to offer in-service training programs for school professionals through the Continuing Education Department. Graduate credit was to be an expressed option for participants. In response, the university outlined its basic requirements for participating in such a program. For example, there were standardized course structures and basic academic requirements for instructors.

The school district's next step was to design a course syllabus based on the knowledge and skill areas to be delivered. A course title was selected from the university's current catalog. Concurrently with the submission of the proposed course outline, the district submitted credentials for the person who would be listed as the adjunct professor and course instructor. After evaluation of the instructor's credentials and the course content proposal, the district was given the opportunity to pilot the project.

The pilot training package attracted twenty-five group members who reacted enthusiastically both to the credit option and the course content. As a result of this pilot project, the district received requests for a diversity of training packages. After investigating a variety of university options, the district decided to begin negotiating an academic linkage with a specific academic department, the Department of Counseling and Human Resources at the University of Dayton.

In a meeting with Dr. Ellis A. Joseph, Dean of the School of Education and Dr. Eugene Moulin, Chairman of the Department of Counseling and Human Resources, an outline of the university's specific requirements was obtained. The requirements included:

1. a stated level of instructor credentials and specific course outlines;
2. a minimum number of class contact hours;
3. detailed outside assignments; and
4. specific grading criteria.

It was stated that oversight for meeting these requirements would be conducted by the department in which the course was

offered. It was also at this level that the course would be approved, rejected or modified. Finally, it was agreed that university faculty involvement, as a quality assurance, would be mandatory for any program approved.

Instructor qualification was an important item. Prospective instructors were asked to submit resumes documenting their experience as trainers and teachers as well as their academic record and other experiences that might be considered by university evaluators. The district was able to qualify first one instructor and then a second instructor to serve as adjunct professor for specific selected training programs.

Course design was accomplished in the following manner:

1. the district identified the concepts and skills that it wished to develop with the training population;
2. in conjunction with State and area trainers, specific N.D.A.C. training packages were identified; and
3. course outlines, academic assignments and detailed training experiences (both in and out of class) were drawn up.

Since the district proposed to offer these courses under the auspices of the Department of Counseling and Human Resources, the training packages were presented to the Chairman of this department. He suggested some revision in course organization and content. After these revisions were made, the courses were then presented to the appropriate university graduate committees. Upon completion of the review, the university approved the courses with the guarantee of graduate credit upon course completion.

While this approval process was arduous, the district attributes its success to two factors. First, the NDAC packages allow for structural modifications without changing their basic goals and methodologies. Second, the university administrators and staff were both positive and helpful throughout the process. In each course, at least one significant presentation has been made by a full time staff person from the university. Additionally, the university has provided continual assistance in developing grading criteria and course assignments, as well as counseling and direction to those course participants who may wish to discuss possibilities of applying their earned course credit toward specific degree or licensure programs.

The Marlington Local School District, in collaboration with the University of Dayton, has offered a variation of the following NDAC training packages to district employees:

1. Leader Effectiveness Training
2. Counselor Training: Short Term Client Systems
3. Administrative Leadership

One course entitled, "Dynamics of Supervision", is a combination of several NDAC packages including:

1. Clinical Supervision;
2. Basic Management Skills; and
3. Group Facilitation Skills.

In the future, the district plans to expand its use of NDAC training packages. In particular there are plans to use the Group Facilitation Skills package as a guide for understanding classroom and peer group behavior and to offer the Training of Trainers program to personnel who would like to enhance their training skills. The district would also like to explore the use of other packages such as:

1. Staff Burnout and Its Dysfunctional Effects;
2. Prevention: Working with Schools; and
3. Drugs in Perspective.

In more than ten offerings under the basic structure described, the district has had enthusiastic evaluations from the vast majority of course participants. District administrators believe that the combination of practical content, university consultation and support, a local setting and a design based on local needs have been effectively combined in a dynamic and viable in-service training process. One caveat! Control the zealous desire to over enroll course participants. In order to achieve a true group training process, it is best to stick to the optimum group sizes that are frequently stated for the packages. Yielding to an oversized group can result in needless frustration for both the trainer and the trainees.

In reflecting upon factors that have contributed to the success of the academic

linkage between the Marlington Local School District and the University of Dayton, it is clear that the relationship has been fruitful because all parties have exhibited a genuine desire to provide an excellent in-service training program. Experience has demonstrated that the training opportunities that have been made available as a result of this relationship provides a high level of conceptual development and skill enhancement for school district personnel.

The National Institute for Drug Programs (NIDP) which began in 1971 was a unique OEO funded endeavor. It offered substance abuse workers a combination of sequential on-the-job training activities and formal college credit that enabled participants to qualify for State licensing and certification. The program was a successful integration of education, training and career development for the field of substance abuse and the contribution of all individuals involved are still being experienced.

THE NIDP IN RETROSPECT

By Regis Bernhardt, Ph.D.

"There really is a difference between who we are now and who we were when we first attended an institute session. All of us took rather unique, though destructive, roads to begin our lives, and the road back has turned out to be just about as unique."

This statement was taken from Marshall Wilkerson's validictory address at the initial commencement ceremony of the National Institute for Drug Programs (April, 1973)[1]. The NIDP was the "unique road" to which Wilkerson referred, and more than 200 persons have travelled this road. They received an Associate of Arts Degree as a fundamental element in their efforts to advance their careers in drug treatment programs. In addition to these persons, several hundred others have received "Certificates of Training" after completing one year of study in the program.

The present article provides a summary of the NIDP's origin, goals, educational ideology, training processes and outcomes. It also includes a retrospective look at the program by several alumni.

Origin of the National Institute for Drug Programs

Support for the development of the NIDP was generated by the results of a survey conducted by the Center for Human Services[2]. The survey results indicated that ex-addict paraprofessionals, employed by drug treatment and prevention programs were denied access to supervisory and managerial positions because of limited formal training and education, and access to such training and education was found to be extremely limited. Furthermore, many of the existing educational programs did not provide certification for on-the-job acquisition of skills.

The Center for Human Services recommended development of a program for paraprofessionals which combined fromal study and field-based experiences. Persons who completed the program of studies would be given acceptable credentials which would facilitate career advancement. The proposal for the NIDP was developed by the Center for Human Services to implement these recommendations. Funding for the program was obtained from the Office of Economic Opportunity and the program was initiated in 1971.

Goals of the National Institute for Drug Programs

The NIDP's goals for the initial year were specific to the survey recommendations:

1. Provide curriculum relevant to the needs and abilities of the students concentrating on the fields of supervision and management.
2. Provide management training leading to certification for ex-addicts in community-based human service delivery systems.
3. Provide linkages for educational advancement.
4. Provide services for career upgrading and mobility of the student population.
5. Provide onsite assistance in training and career development to OEO human service delivery programs in line with identified program needs[3].

During the second year, the goals focused on the development and implementation of the Associate in Arts degree program, the expansion of career advancement opportunities, revision of the program curriculum and the establishment of relationships with four year colleges.

In subsequent years the NIDP's goals concerned refinement of program processes such as student recruitment and selection, curriculum improvements and dissemination of information about the program. In addition, efforts were made to conduct follow-up studies of program participants.

The NIDP's Educational and Training Program

The educational program combined academic study with on-the-job training. Participants were cycled between three weeks of formal courses conducted in Washington, D.C., and 15 to 18 weeks of onsite training in their local projects.

The educational program was based on two assumptions: (1) to be effective managers, staff members have to have the right kinds of attitudes about themselves and their clients; and (2) trainees can make an input into the instructional process. Training sessions concentrated the development of management skills. One major focus was on group processes which was intended to develop group process skills, positive attitudes toward group and team work and leadership skills.

Included in the training program were communication processes and techniques, program development strategies, proposal writing, funding, the nature of organizations and community organization techniques. Activities included the usual academic processes of lectures and discussion, as well as use of field visits to local programs and use of video taping processes. A cooperative arrangement was established with Webster College in Washington to grant an Associate of Arts Degree to students who completed two years of study, and a Certificate of Training and 30 credits of college work for those who completed one year of study.

Student Characteristics

For the initial year, any ex-addict staff member from a drug treatment or rehabilitation program was eligible to apply for enrollment in the NIDP. The program was later broadened to include drug abuse workers who were not former drug users themselves. For example, of the 92 Associate of Arts Degree recipients in March, 1975, seventy-five percent were ex-addicts[5].

In reporting the results of a survey of a sample of program participants, a description of the demographic characteristics of students was presented[6].

1. The average age of the students was about thirty (thirty-one percent were age twenty-six to thirty, seventeen percent were age thirty-one to thirty-five).
2. Seventy-three percent of the students were male.
3. Sixty-five percent were black, twenty-five percent were white, and the remainder were Chicano, Puerto Rican, Asian or American-Indian.
4. At the time of admission, most students did not have supervisory positions and averaged salaries of $8,000 per year.
5. Eighty percent had high school diplomas and some had credits at the college level.

Training Processes - Student Responses

At the end of NIDP's first year, a sample of comments from students' logs was presented in the Drug Program Review[7]. The logs were maintained to provide trainers with information needed to examine the congruence between trainees' perceptions of training objectives and the trainers' teaching objectives.

The comments provided evidence of both cognitive and affective effects. Students statements concerned specific learnings such as:

> "...More than any time since I've been here, I really feel I'm learning something. He showed me what services were available in a community and how to get them..." (p.10)

> "The presentation on budget sources and aims of introducing proposals gave me an abundance of information both in the areas of constructing proposal objectives and about the application of politics to proposal writing and funding." (p.12)

In addition comments concerned changes in students' perceptions of issues or processes. For example:

> "He totally destroyed my resistance to the idea of methadone and had me thirsting for more information." (p.10)

> "...I found out in today's presentation that many of the concepts used in

therapeutic communities could possibly be implemented in our program..." (p.9)

"...After the workshop broke up, I was very much physically aware of myself and others and much more conscious of how we all reacted to situations." (p.8)

Program Outcomes - The Mobility Study

A follow-up study of participants in NIDP was conducted in 1975[8,9]. The focus of the study was to determine if NIDP training had had an impact on the socio-economic mobility of its students.

It was found that 51 percent of those who received the Associate in Arts Degree moved up in job level and 48 percent gained salary increases of $2,000 or more. Of those who completed one year of study, 38 percent moved up in job level and 41 percent gained salary increases of $2,000 or more.

Additional variables were considered in the analyses. For example, six of the participants were found to be related to post-program career advancement. Among men with the A.A. Degree, 52 percent increased job level and 66 percent increased in salary. In contrast to this, 45 percent of the women increased their job levels and only 20 percent received salary increases of $2,000 or more. It should be noted that women entered the program with higher education levels than men (61 percent had some college credits compared to 46 percent of the men) and they held less responsible positions (6 percent had administrative positions compared to 21 percent of the men).

In addition, persons who completed the program in the first few years benefited from the favorable job market during that time. Thus their statistics for increases in job level and salary are more favorable than the later years. The data indicated that training was associated with upward mobility in salary and job level within the drug abuse area of human services programs.

Graduates' Views

Telephone interviews were conducted with two early graduates of the NIDP for the present article. Their views concerning the programs and its impact on themselves and others was sought.

Ramon Adame, who completed the Associate in Arts degree in 1974, was already in an executive position in a drug treatment program when he enrolled in NIDP. He had founded the Aliviane Drug Treatment Program in El Paso, Texas in 1971, and he was serving as its Executive Director in 1973. In addition, Mr. Adame was serving as President of the Chicano Alliance of Drug Treatment Programs which he also had founded. Therefore, Mr. Adame did not enter the program for purposes of career advancement, but to formalize his credentials and "to serve as a role model for Chicanos", in attaining an academic degree.

Mr. Adame described the Associate of Arts program as "very good, with a strong emphasis on personal contacts, high cohesiveness and high concern for individuals". He continued his formal education by earning the baccalaureate degree from Governor's State College in 1978. In 1978, he left the Aliviane program and became Institute Adviser at the Southwest Training Institute in E. Paso.

While he entered the NIDP in an executive administrative position, Mr. Adame's experience and academic training have placed him in a position of national leadership. He has testified concerning the needs of Chicano addicts in the Southwest before the Senate Subcommittee on Alcohol and Drug Abuse and at the Congressional Hearings of the House Select Committee on Drug Abuse and Control. He is a member of the National Committee on Drug Abuse Prevention of the National Institute on Drug Abuse (NIDA) and is Chairman of the 1981 Conference of the National Alcoholism and Drug Coalition to be held in Dallas this spring. In addition, his name is listed in Who's Who in Health in America.

Douglas Reeves was in the first graduating class with the Associate in Arts Degree (1973). Prior to enrolling in NIDP he worked as a Screener for Incarcerated Individuals in the Legal Services Department of Rubicon, Inc. in Richmond, Virginia. Because of his desire to continue in human services work, especially in the drug abuse area, and his desire to advance his career, Mr. Reeves applied to enter the program.

After the first year, Mr. Reeves accepted an opportunity to work in a drug treatment center in Cleveland, Ohio. He is still with this organization, the Cleveland Treatment Center Therapeutic Community, Inc. He serves as Residential Director of the thirty-five bed in-patient,

drug free treatment center. This position was gained through the NIDP job bank. While working at the Cleveland Center, he finished his degree work in the program.

Mr. Reeves stated that the NIDP was "excellent". He felt that individuals were given an opportunity to gain practical experience and to develop their skills and he observed that many individuals were motivated to continue their formal education. With respect to the value of the training received, Mr. Reeves stated that while all the management areas were valuable, he has utilized heavily the skills he developed in the areas of planning, goal setting and proposal writing.

Mr. Reeves has continued to take course work, and is working actively toward the completion of the bachelor's degree. In his efforts to do this, he said that he has experienced some difficulty with recognition of the previous course work by some institutions.

Program Outcomes - Summary

The NIDP appears to have been successful in attaining its stated goals. Graduates were prepared to function effectively in drug treatment programs and they were provided with credentials needed for career admancement. In summary descriptions of programs designed to train personnel for drug abuse programs, Davis and Ford listed the "notable contributions of the NIDP" as:

1. demonstration of an effective approach to job training and career development for a drug abuse workforce;
2. identification of steps needed to develop effective programs and to establish relationships with agencies and institutions; and
3. provision of training for more than 500 drug abuse workers[10].

The National Institute for Drug Programs helped set the stage for the systematic training approach that is now utilized by the NTS. It was instrumental in pushing the career-ladder approach to training for ex-addicts and has played a major role in helping to professionalize the drug abuse field.

FOOTNOTES

1 Morgan Dodge, "One of a Kind Degree", Drug Program Review, Volume 2, Number 1, August 1973, p. 16

2 Center for Human Services, Survey on Utilization of Ex-Addicts in Drug Treatment and Rehabilitation Programs, for Office of Economic Opportunity, September, 1971.

3 Center for Human Services, Project Goals, Project Accomplishment, Project Major Products, 1971-1978, pp. 4-6

4 National Institute for Drug Programs, "Ex-Addicts Train for Management Roles", Drug Program Review, Volume 1, Number 1, January 1972, p. 16

5 Bruce Garren, "Graduating Class Largest in NIDP History", Drug Program Review, Volume 3, Number 2, 1975

6 Jerry Mandel, "NIDP Career Development for Ex-Addict Drug Abuse Workers", Drug Program Review, Volume 4, Number 1, January, 1976, pp. 3-4

7 National Institute for Drug Programs, "Why Are We Here?", Drug Program Review, Volume 1, Number 2, May, 1972, pp. 7-13.

8 Mandel. op. cit., pp. 2-6

9 National Institute for Drug Programs, The Mobility Study, August, 1975.

10 Carolyn Davis and Iris Carter Ford, Preparing a Drug Abuse Workforce: A National Training System. Washington: Career Development Center, The Center for Human Services, 1980, pp. 33-35.

The Federal Funding Criteria are being revised. These are the minimum standards required of programs receiving federal funds through the National Institute on Drug Abuse. In the revised criteria, the issue of quality assurance for services provided by treatment personnel will be receiving greater specificity.

This specificity will have an impact upon State credentialing standards because NIDA has already identified credentialing of staff as a major factor which can influence and improve the quality of care provided by service agencies. The Training Division, in particular, is concerned that personnel responsible for delivering quality care demonstrate the necessary competencies.

This concern has generated the following suggestions:

1) It is suggested that for each position there shall be a descriptive job title and listing of appropriate skills necessary for the performance of the inherent duties. Wherever possible, duties shall be assigned within the level of competency of the staff member responsible for each phase of treatment. Continuing observation, testing and measurement of treatment services outcomes shall be undertaken to assure that services at each phase of the treatment process are provided by competent and skilled personnel.
2) It is further suggested that standards for credentialing of personnel who provide patient services should be based upon the assessment of competence, as well as upon those professional associations and societies. Several of the occupations and professions already have State certification and licensure connected with the use of their titles. In addition to the routine fulfilling of requirements associated with the use of these titles, it is recommended that each State describe the skills and competencies it requires of persons performing each of these revisions. It is recommended that each set of requirements be in compliance with local, State and national standards based upon competency and measurable criteria that are in general usage. Standards in this context are those which are amenable to reciprocity and bi-lateral agreements among and between States.

The Editor feels that these suggestions would benefit from review in the field. Please write to DPR and share your comments with us. We will gladly synthesize these comments and forward them to NIDA for review.

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At a meeting of program participants held at the Harambee House Hotel in Washington, D.C., on February 5-6, 1981, the seventeen interns of the initial program cycle of the Single State Agency Management Internship Program (SSA/MIP) were honored. The project is a NIDA demonstration effort designed to increase minority/women representation in mid- and upper-level positions within the SSAs.

The two day meeting included the development of recommendations for future cycles of the program. Specific suggestions were made concerning the recruitment, selection and placement of interns, rotational assignments within the SSAs and the academic program.

At a special luncheon, plaques were awarded to the interns recognizing their successful completion of the program. State and university liaisons were awarded Certificates of Appreciation in recognition of their efforts on behalf of the interns and their cooperation with the program. The interns awarded Dr. Lonnie Mitchell, Director of the Manpower and Training Division, a plaque citing his untiring efforts on behalf of the program and Mr. Edward Morgan, Project Officer of SSA/MIP, a certificate recognizing his support of and assistance to the program.

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